



Youth Activity Scholarships

Scholarship Eligibility

The Eureka Recreation Division is offering scholarships for selected youth activities during 2008-2009. This scholarship provides a 50% fee reduction.

In order to be eligible for a 50% fee reduction scholarship you must provide the Recreation Division with current proof that you are receiving one of the following items.

1. Current proof of receiving Food Stamps.
2. Current proof of receiving AFDC (Aid to Families with Dependent Children).
3. Current proof of receiving FDPIR (Food Distribution Program on Indian Reservations).

4. Current proof of receiving SSI (Social Security Income).
5. Current proof of receiving Medi-Cal.
6. Current proof that your household meets the Income eligibility Guidelines (see attached sheet).

SELECTED YOUTH ACTIVITIES THAT QUALIFY FOR A 50% FEE REDUCTION:

- ◆ Hoopsters
- ◆ Special Classes
- ◆ Summer Camps
- ◆ Swimming Lessons
- ◆ Ryan Youth Center
- ◆ List subject to change

Youth Activity Scholarships 2008-2009

For information call the
Recreation Division at
441.4241.

Scholarship Eligibility

- ☺ Food Stamps
- ☺ SSI (Social Security Income)
- ☺ AFDC (Aid to Families with Dependent Children)
- ☺ FDPIR (Food Distribution Program on Indian Reservations)
- ☺ Medi-Cal
- ☺ Income eligibility

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FUNDING SOURCES FOR SCHOLARSHIPS

The 50% Fee Reduction Scholarship Program would not be possible without the generous donations of several organizations.

In the past, grants and donations have been received from Humboldt Area Foundation, Humboldt Sponsors and E Clampus Vitus 101 Eureka.

Without these funds, the Eureka Recreation Division would not be able to provide this service to eligible children. The Eureka Recreation Division commends these local organizations for their dedication to enriching the lives of local children.

INCOME ELIGIBILITY GUIDELINES

| <u>FAMILY SIZE</u> | <u>YEAR</u> | <u>MONTH</u> | <u>WEEK</u> |
|--|-------------|--------------|-------------|
| 1 | \$14,893 | \$1,242 | \$287 |
| 2 | \$20,073 | \$1,673 | \$387 |
| 3 | \$25,253 | \$2,105 | \$486 |
| 4 | \$30,433 | \$2,537 | \$586 |
| 5 | \$35,613 | \$2,968 | \$685 |
| 6 | \$40,793 | \$3,400 | \$785 |
| 7 | \$45,973 | \$3,832 | \$885 |
| 8 | \$51,153 | \$4,263 | \$984 |
| For each additional family member add: | +5,180 | +432 | +100 |

***Please complete the Income Statement on the Eligibility Form, if you do not have current proof of Food Stamps, SSI, AFDC, Medi-Cal or FDPIR. (See attached form)**

DEFINITION OF INCOME

Income for Scholarship purposes means income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. It includes the following:

1. Monetary compensation for services including wages, salary, commissions or fee.
2. Net income from non-farm self-employment.
3. Net income from farm self-employment.
4. Social Security.
5. Dividends or interest on saving bonds, income from estates or trusts, or net rental income.
6. Public assistance or welfare payments.
7. Unemployment compensation.
8. Government civilian employee, or military retirement, or pensions or veteran's payments.
9. Private pensions or annuities.
10. Alimony or child support payments.
11. Regular contributions from persons not living in the household.
12. Net royalties.
13. Other cash income. Other cash income would include cash amounts received or withdrawn from any sources including savings, investment, trust accounts, and other resources which would be available to pay the price of registration.

SCHOLARSHIP APPLICATION PROCEDURE

- All applicants must provide proof of stated public assistance or provide current pay stubs/tax returns etc. for all working household members plus complete the Income Statement (attached).
- Eligible families can only apply for one activity per child at any one time.
- All registration for scholarships, takes place at the Adorni Center during normal business hours (Mon-Fri., 8 AM - 5 PM).
- All scholarships are on a first-come, first-served basis, if there is room in the activity. Parents can sign-up more than one child per family.
- Parents must pay the other 50% of the fees at the time of registration.
- All applicable waivers, forms etc. must be completed by parents. No exceptions.
- All rules apply to scholarship children. Staff reserves the right to remove any child who does not comply with staff directives and/or site rules.
- No refunds or pro-rates for missed classes/activities.

INCOME ELIGIBILITY

Only complete this part and sign the statement below if you do not receive Food Stamps, AFDC, SSI, Medi-Cal or FDPIR benefits.

You must also present current pay stubs and tax returns when turning this application in.

| NAMES | | CURRENT INCOME/FREQUENCY | | | | | | | |
|---|------------------------------------|--------------------------|-----------|---------------------------------|-----------|---|-----------|---|-----------|
| Names of all household members (participating child, parents, siblings and any other persons living in household) | Check for each participating child | Earnings from work | | Welfare, Child Support, Alimony | | Payments from Pensions, Retirement, Social Security | | Earnings from 2nd job or any other income | |
| | | Amount | How Often | Amount | How Often | Amount | How Often | Amount | How Often |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |

I certify that all of the above information is true and correct and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

| | | | | | |
|-------------------------------------|------------|--------------|--------------|------------------------|--|
| Signature of Adult Household Member | | Printed Name | | Social Security Number | |
| Date Signed | Home Phone | Work Phone | Home Address | Zip Code | |

DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

| | | |
|----------------------------|--------------------------------------|---|
| HOUSEHOLD SIZE | TOTAL HOUSEHOLD MONTHLY INCOME \$ | NOT ELIGIBLE HOUSEHOLD INCOME ELIGIBLE |
| AUTHORIZED REPRESENTATIVE: | | DATE: |